New York State Department of Taxation and Finance

Claim for New York City School Tax Credit



NYC-210

	Important: You must enter your social security number(s) in the boxes to the right.									
Ø)	Your first name and middle initial Your last name (for a joint claim, enter spouse's name on line below)						▼ Your social security number			
r type	Spouse	se's first name and middle initial					▼ Spouse's social security number			
Print or type	Mailing	g address (number and street or rur	Apartm			nent number	NYS county of res	sidence while living in	NY City	
۵	City, village, or post office			State	State ZIP code)			
Addres	ss of Nev	w York City residence that qualifi	ies you for this credit, if dif	fferent from above)			1		
City			State NY	ZI	IP code		Decedent information:		of death Spouse's	date of death
Bronz for all	x, New or part Typ mark	of 2005. You lived in New York County (Manhattar t of the year, stop; you do be of claim — an X in one box	an), Richmond Cour o not qualify for this of a Single (con	nty (Staten Isl credit. mplete Part 1 on ing a combine	land), a nly) ed clair	and Qu c	Marrie	u did not live in ed but filing a olete Part 1 only	n any of these of separate claim	counties
Part		ee instructions)	(complete	Part 1 and Part	2)	'' d	Surviv	ving spouse (d	complete Part 1 c	only)
2 E Part 3 C	If you you denter the If you 2 Can you If you credit	u be claimed as a depend a marked an X in box a, c, do not qualify for the credit me number of months durin a marked an X in box b about the continue with line 3 are spouse be claimed as a marked an X in the Y is t. All other filers continue with the spouse be continue with the X in the	or d above, and ma t. All other filers cont ng 2005 that you live ove, continue with lin only if you mark a dependent on and box at both lines 1 ar with line 4.	triked the Yes be tinue with line ed in New York ine 3. All other reked an X in other taxpayer and 3, stop; you	cox at li 2. City filers on box 's 2005 au do no	b abo	e with line 5. DVE. I return? fy for this	2.	Yes	nonths No
4 E	nter th	ne number of months durir	ng 2005 your spous	e lived in New	/ York (City (see	instructions)	s) 4.	r	months
5 C)irect	t deposit If you choos	se to have your refur	nd sent directly	y to yo	ur bank	account, co			_
	a F	Routing number	b Account type:				Checki	ng 🖁 📙	Savings	
	c A	Account number								
ра	ird– arty ignee	rty Designee's name Des			is claim with the Tax Dept? (see instr.) signee's phone number)			Personal identification number (PIN)		
		▼ Paid prepar	rer's use only ▼			1 [▼	Taxpayer(s) s	sign here ▼	
·	rer's sign	nature	SSN or PTIN	۷: 		Your	signature			
Firm's	name (c	or yours, if self-employed)	entification numbe							
Addres	SS		Mark an X if self-employe		<u> </u>		ignature and occupation (if joint claim)			
				Date		Date		Daytin	ne phone number (d	optional)

File your claim as soon as you can after January 1, 2006. You must file your 2005 claim no later than April 15, 2009. Mail your claim to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.



Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* on the back page of the instructions for information on ordering forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 101 Enterprise Drive, Kingston NY 12401.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

